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TRANSMITTAL FORM

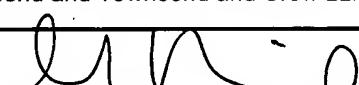
(to be used for all correspondence after initial filing)

		Application Number	10/769,532
		Filing Date	January 30, 2004
		First Named Inventor	Whirley, Robert G.
		Art Unit	3738
		Examiner Name	Sweet, Thomas
Total Number of Pages in This Submission	2	Attorney Docket Number	021630-004500US

ENCLOSURES (Check all that apply)

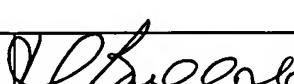
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Amendment/Reply.	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter			
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard, Response to Restriction Requirement			
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer				
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund				
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____				
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53					
<table border="1"> <tr> <td>Remarks</td> <td colspan="2">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nena Bains		
Date	June 15, 2005	Reg. No.	47,400

CERTIFICATE OF TRANSMISSION/MAILING

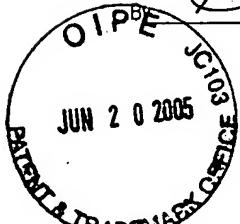
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Signature		
Typed or printed name	D. Bullock	Date
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TOWNSEND and TOWNSEND and CREW LLP



PATENT

Attorney Docket No. 021630-004500US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WHIRLEY, Robert G.

Application No.: 10/769,532

Filed: 1/30/04

For: INFLATABLE POROUS IMPLANTS
AND METHODS FOR DRUG
DELIVERY

Examiner: Sweet, Thomas

Art Unit: 3738

RESPONSE TO RESTRICTION
REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement mailed May 27, 2005, Applicant elects Group I, Species A, directed at Figs. 3A-3C. Applicant believes claims 1-21 read on this invention.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nena Bains".

Nena Bains
Reg. No. 47,400

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
(415) 576-0200
Fax (415) 576-0300
NB/deb